

FCC MAIL SECTION

FEDERAL COMMUNICATIONS COMMISSION  
WASHINGTON, D.C. 20554

239

Nov 23 2 40 PM '92

IN REPLY REFER TO:  
8910-MB

November 24, 1992

Concord Area Broadcasting  
Radio Station KWUN (AM)  
P.O. Box 6380  
Concord, California 94520

Ref.8910-MB. Relet Buerry 11/04/92. Special temporary authority which was granted 10/19/92 which was extended through 1/31/93 has been rescinded due to insufficient funds. On November 4, 1992, the licensee failed to make payment with a second request from the Fee Section of the FCC. If you have any questions please contact the Fee Section at 202-632-0241.

James R. Burtle  
Chief, AM Branch  
Audio Services Division  
Mass Media Bureau

for Kim P. Nguyen  
May Bradfield  
Comms. Analyst

EIC- San Francisco

UNITED STATES GOVERNMENT  
FEDERAL COMMUNICATIONS COMMISSION  
OFFICE OF THE MANAGING DIRECTOR  
M E M O R A N D U M

DATE: November 4, 1992

TO: MMB Rm. 345

FROM: Claudette E. Pridemore Chief  
Fee Section

SUBJECT: Failed Payment S E C O N D R E Q U E S T

Re: FCN: 9209298195526001  
Concord Area Broadcasting Corp.  
P.O Box 6380  
Concord, CA 94520

In accordance with 37 CFR, Chapter 1, 1.1114, the above application/filing is being dismissed due to insufficient payment. A copy of the returned check is attached for your information.

Reason (s) for return of applications to the Fee Section

- ☒ Insufficient Funds
- ☐ Payment Stopped
- ☐ Account Closed
- ☐ Refer To Maker
- ☐ Other -

Please return this application to the Fee Section no later than 11/12/92 for further processing. If there will be a delay in returning this application, please give us a call.

If the license has already been granted, please provide the Fee Section with a copy of the notification to the applicant that his license has been rescinded.

If you have any questions, please contact Ms. Octavia Purnell at 632-0241.

Attachment

43

CONCORD AREA BROADCASTING CORP.  
dba KWUN  
PH. 510-685-1480  
P. O. BOX 6380  
CONCORD, CA 94520

208

90-4106/1211

PRESENTED TWICE 9/15 19 92

DO NOT REDEPOSIT

PAY TO THE ORDER OF FCC \$ 100.00

one Hundred DOLLARS

**CCB** CONCORD COMMERCIAL BANK  
2118 WILLOW PASS RD. • CONCORD, CA 94520

INSUFFICIENT FUNDS  
INSUFFICIENT FUNDS

Joseph Denny

MEMO

12114106810208 00132174 911 000000100001

AM BRANCH

NOV 03 1992

MM 96-184

8910-MB  
KWUN (AM)

ANTI-DRUG ABUSE ACT CERTIFICATION

The applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862a, or, in the case of a non-individual applicant (e.g. corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. § 1.2002(b).

☒ Yes

☐ No

CONCORD AREA BROADCASTING

Name of Applicant

Signature

JOSEPH BERRY PRESIDENT

Joseph Berry

Date

Title

10/28/92

Room 239

MM 96-134  
239  
FEDERAL SECTION  
FEDERAL COMMUNICATIONS COMMISSION  
WASHINGTON, D.C. 20554

OCT 19 11 34 AM '92

IN REPLY REFER TO:  
8910-MB

October 19, 1992

DISPATCHED BY

Concord Area Broadcasting  
Radio Station KWUN (AM)  
P.O. Box 6380  
Concord, California 94520

Ref.8910-MB. Relet Buerry 9/14/92. Authority and terms comtel 12/19/90 extended through 1/31/93. Continue to submit status reports with further extension requests.

James R. Burtle  
Chief, AM Branch  
Audio Services Division  
Mass Media Bureau

*May Bradfield*  
May Bradfield  
Comms. Analyst

EIC- San Francisco

FCC/MELLON SEP 21 1992

Approved by OMB  
3060-0440  
Expires 12/31/90

FEDERAL COMMUNICATIONS COMMISSION  
**FEE PROCESSING FORM**

Please read instructions on back of this form before completing it. Section I MUST be completed. If you are applying for concurrent actions which require you to list more than one Fee Type Code, you must also complete Section II. This form must accompany all payments. Only one Fee Processing Form may be submitted per application or filing. Please type or print legibly. All required blocks must be completed or application/filing will be returned without action.

**SECTION I**

APPLICANT NAME (Last, first, middle initial)

CONCORD AREA BROADCASTING

MAILING ADDRESS (Line 1) (Maximum 35 characters - refer to instruction (2) on reverse of form)

P.O. BOX 6380

MAILING ADDRESS (Line 2) (if required) (Maximum 35 characters)

CITY

CONCORD

STATE OR COUNTRY (if foreign address)

CA

ZIP CODE

94520

CALL SIGN OR OTHER FCC IDENTIFIER (if applicable)

KWUN

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in FCC Fee Filing Guides. Enter in Column (B) the Fee Multiple, if applicable. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number entered in Column (B), if any.

(A)	(B)	(C)	
FEE TYPE CODE	FEE MULTIPLE (if required)	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
(1) MGR		\$ 100.	

**SECTION II** — To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

(A)	(B)	(C)	
FEE TYPE CODE	FEE MULTIPLE (if required)	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
(2) <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	
(3) <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	
(4) <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	
(5) <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	

ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (5), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.

TOTAL AMOUNT REMITTED  
WITH THIS APPLICATION  
OR FILING

\$

FOR FCC USE ONLY

100.00

September 14, 1992

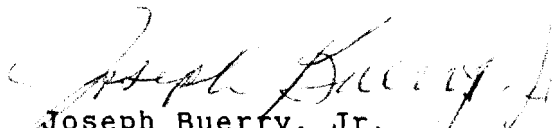
Secretary  
Federal Communications Commission  
1919 M Street N.W.  
Washington, D.C. 20554



Dear Madame Secretary:

Our Monitoring Points continues to indicate that the antenna is slightly out of adjustment. This situation will continue until the City of Concord finishes construction of a storm drain and sewer line that is going directly through our property. We had been assured that the construction, testing, and hook-ups should have been completed. It has not. Therefore, we request special temporary authorization to operate parameters at variance.

Sincerely,

  
Joseph Buerry, Jr.  
General Manager

JB:cmb

CONCORD AREA  
BROADCASTING CORP.  
Post Office Box 6380  
Concord, CA 94524  
(510) 685-1480  
FAX (510) 682-5987

**FEDERAL COMMUNICATIONS COMMISSION**  
**MELLON BANK APPLICATION RETURN FORM**

Date: September 23, 1992

Ms. Pattie Weising  
Data Preparation Center  
Mellon Bank  
Room 153-2718  
Pittsburgh, PA 15259-0001


Re: Concord Area Broadcasting

The enclosed application(s) can be processed as filed. Please refer to the following instructions:

- ☒ Use original date stamped, and stamp all receipt copies with the same date.
- ☐ Restamp application(s) and all other documents.
- ☐ Application sent to wrong location, and is being forwarded for processing.
- ☒ Process application(s) in Lockbox 358196.

Please contact the Fee Section, Billings & Collections Branch, at (202) 632-0241, if you have any questions.

Sincerely,

  
Regina W. Dorsey, Chief  
Billings & Collections Branch

Enclosure

AM BRANCH

JUN 8 1992

8910-MB  
KWUN (AM)

ANTI-DRUG ABUSE ACT CERTIFICATION

The applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862a, or, in the case of a non-individual applicant (e.g. corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. § 1.2002(b).

☒ Yes

☐ No

<u>CONCORD AREA BROADCASTING</u>	
Name of Applicant	Signature
<u>JOSEPH BUECKY, JR.</u>	<u>Joseph Buecky, Jr.</u>
Date	Title
<u>6/1/92</u>	<u>President</u>

Room

239

FEDERAL COMMUNICATIONS COMMISSION  
WASHINGTON, D.C. 20554

IN REPLY REFER TO:  
8910-MB

Concord Area Broadcasting  
Radio Station KWUN (AM)  
P.O. Box 6380  
Concord, California 94520

In re: KWUN (AM)  
Concord, CA

Dear Applicant:

This is in reference to your pending request for Special Temporary Authority (STA) for the above-referenced station.

On December 11, 1991, the Commission adopted a Report and Order (see attached copy) to amend Part 1 of the Commission's Rules to implement Section 5301 of the Anti-Drug Abuse Act of 1988. Effective February 3, 1992, applicants requesting STA are required to certify that neither the applicant nor any party to the request is subject to a denial of Federal Benefits under Section 5301.

Action will be deferred on your request pending receipt of your certification (See attached sample certification). Your certification should be directed to:

AM Branch, Room 342  
Federal Communications Commission  
1919 M Street, N.W.  
Washington, DC 20554

Sincerely,

James R. Burtle  
Chief, AM Branch  
Audio Services Division  
Mass Media Bureau

Attachments

REC-96-124  
138  
FEDERAL COMMUNICATIONS COMMISSION  
WASHINGTON, D.C. 20554  
MAY 20 1992  
0187

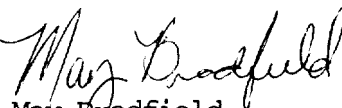
IN REPLY REFER TO:  
8910-MB

May 21, 1992

Concord Area Broadcasting  
Radio Station KWUN (AM)  
P.O. Box 6380  
Concord, California 94520

Ref.8910-MB. Relet Buerry 4/28/92. Authority and terms comtel 12/19/90 extended through 9/15/92. Continue to submit status reports with further extension requests.

James R. Burtle  
Chief, AM Branch  
Audio Services Division  
Mass Media Bureau

  
May Bradfield  
Comms. Analyst

EIC- San Francisco

## Appendix B

Approved by OMB  
3060-0440  
Expires 12/31/90

FEDERAL COMMUNICATIONS COMMISSION  
**FEE PROCESSING FORM**

FCC/MBL/MAY 11 1992

05-12-92 8190017 001

Please read instructions on back of this form before completing it. Section I MUST be completed. If you are applying for concurrent actions which require you to list more than one Fee Type Code, you must also complete Section II. This form must accompany all payments. Only one Fee Processing Form may be submitted per application or filing. Please type or print legibly. All required blocks must be completed or application/filing will be returned without action.

**SECTION I**

APPLICANT NAME (Last, first, middle initial)

CONCORD AREA BROADCASTING

MAILING ADDRESS (Line 1) (Maximum 35 characters - refer to instruction (2) on reverse of form)

PO BOX 6320

MAILING ADDRESS (Line 2) (if required) (Maximum 35 characters)

CITY

CONCORD

STATE OR COUNTRY (if foreign address)

CA

ZIP CODE

94520

CALL SIGN OR OTHER FCC IDENTIFIER (if applicable)

KWON

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in FCC Fee Filing Guides. Enter in Column (B) the Fee Multiple, if applicable. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number entered in Column (B), if any.

(A)	(B)	(C)	FOR FCC USE ONLY
FEE TYPE CODE	FEE MULTIPLE (if required)	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	
(1) MGR	1	\$ 100.00	

**SECTION II** — To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

(A) FEE TYPE CODE	(B) FEE MULTIPLE (if required)	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
(2)		\$	
(3)		\$	
(4)		\$	
(5)		\$	
ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (5), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.			TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING \$
			FOR FCC USE ONLY 100.00

Concord Area Broadcasting Corp.  
P.O. Box 6380 Concord, CA 94520

(415) 685-1480  
(415) 682-5987 FAX

April 28, 1992

AM BRANCH

MAY 13 1992

Secretary  
Federal Communications commission  
1919 M Street N.W.  
Washington, D.C. 20554

Dear Madame Secretary:

Our Monitoring Points continues to indicate that the antenna is slightly out of adjustment. This situation will continue until the City of Concord finishes construction of a storm drain and sewer line that is going directly through our property. Therefore, we request special temporary authorization to operate parameters at variance.

Sincerely,



Joseph Buerry, Jr.  
General Manager

JB:cmb



KMR 12-124

FEDERAL COMMUNICATIONS COMMISSION  
WASHINGTON, D.C. 20554


IN REPLY REFER TO:

January 24, 1992

Stephen Laukhuf  
5080 Kiel Road  
Wichita Falls, Texas 76305

Ref.8910-MB. Relet Laukhaf 12/19/91. Authority and terms comtel  
5/17/90 extended through 5/1/92. Understand the licensee has retained a new  
engineer who will complete the relay circuitry of the directional array and  
restore the facility to its licensed parameters.

James R. Burtle  
Chief, AM Branch  
Audio Services Division  
Mass Media Bureau

  
May Bradfield  
Comms. Analyst

EIC-Dallas

## Appendix B

FCC/MELLON JAN 27 1992

FCC/MELLON JAN 06 1992

Approved by OMB  
3060-0440  
Expires 12/31/90

FEDERAL COMMUNICATIONS COMMISSION  
**FEE PROCESSING FORM**

FOR  
FCC  
USE  
ONLY

01-21-92 8190816 002

Please read instructions on back of this form before completing it. Section I MUST be completed. If you are applying for concurrent actions which require you to list more than one Fee Type Code, you must also complete Section II. This form must accompany all payments. Only one Fee Processing Form may be submitted per application or filing. Please type or print legibly. All required blocks must be completed or application/filing will be returned without action.

**SECTION I**

APPLICANT NAME (Last, first, middle initial)

CONCORD AREA BROADCASTING

MAILING ADDRESS (Line 1) (Maximum 35 characters - refer to instruction (2) on reverse of form)

PO BOX 6380

MAILING ADDRESS (Line 2) (if required) (Maximum 35 characters)

CO

CITY

CONCORD

STATE OR COUNTRY (if foreign address)

CA

ZIP CODE

94520

CALL SIGN OR OTHER FCC IDENTIFIER (if applicable)

KWUN

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in FCC Fee Filing Guides. Enter in Column (B) the Fee Multiple, if applicable. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number entered in Column (B), if any.

(A)

(B)

(C)

(1)	FEE TYPE CODE	FEE MULTIPLE (if required)	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
	MGR	\$ 100	\$	100.00

**SECTION II** — To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

	(A) FEE TYPE CODE	(B) FEE MULTIPLE (if required)	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
(2)			\$	
(3)			\$	
(4)			\$	
(5)			\$	
ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (5), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.				TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING \$
				FOR FCC USE ONLY 100.00

Concord Area Broadcasting Corp.  
P.O. Box 6380 Concord, CA 94520

(415) 685-1480  
(415) 682-5987 FAX

December 24, 1991

JAN 23 1992

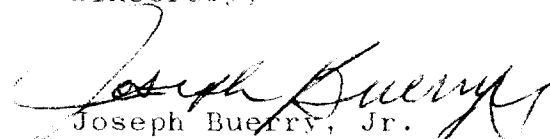
RECEIVED

Secretary  
Federal Communications Commission  
1919 N Street N.W.  
Washington, DC 20554

Dear Madame Secretary:

Measurements of our Monitoring Points continue to indicate that the antenna continues to be slightly out of adjustment. This situation will continue until the City of Concord finishes construction of a storm drain and sewer line that is going directly through our property. (Please see attached letter.) Therefore, we request special temporary authorization to operate parameters at variance.

Sincerely,

  
Joseph Bueary, Jr.  
General Manager

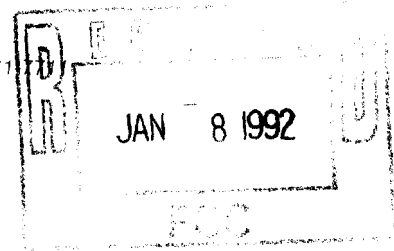
JB/nc



# NORTH STATE

## Development Company

4021 Port Chicago Highway • P.O. Box 4113 • Concord, CA 94524-4113 • (415) 671-1111



September 11, 1991

Mr. Joe Buerry  
KWUN  
P.O. Box 6380  
Concord, CA 94520

SUBJECT: Sanitary Sewer Completion

PROJECT: Canyon Creek Estates - Off-sites

Dear Joe:

Further to our telephone conversation on Tuesday, September 10, 1991, it is our intention to complete the construction of the above subdivision utilities during the 1992 construction season.

At this time the sanitary sewer and storm drainage improvements have been installed across your property but the testing and final inspection of those facilities will not be completed until 1992.

If you have any questions concerning this matter, please feel free to contact me.

Sincerely,

NORTH STATE DEVELOPMENT COMPANY

G.L. Kirkpatrick, P.E.  
Residential Engineer

GLK:sm

cc: Gunther Boccia  
Ron Bohm

FEDERAL COMMUNICATIONS COMMISSION  
WASHINGTON, D.C. 20554  
January 9, 1992

APPLICATION RETURN FORM

RETURN TO: Concord Area Broadcasting  
P.O. Box 6380  
Concord, CA 94520

REASON(S) FOR APPLICATION RETURN

- ☒ [X] No application/filing accompanied your submission.
- ☐ [ ] No remittance accompanied your submission.
- ☐ [ ] No fee Processing Form (FCC Form 155) accompanied your submission.
- ☒ [X] The amount of remittance is inconsistent with the value of the Fee Type Code, i.e., action requested.
- ☐ [ ] The Fee Processing Form (FCC Form 155) is incorrect or missing information.
- ☐ [ ] The submission was filed at the wrong location.
- ☐ [ ] OTHER: EACH filing must include: one application, one fee processing form (FCC Form 155), and one check. Please refer to the enclosed fee filing guide for further instructions, and mail your completed application and your remittance to the appropriate P.O. Box in Pittsburgh, Pennsylvania.

If you have any questions, please call Octavia Purnell (202) 632-0241.

Sincerely,



Regina W. Dorsey  
Chief, Billings & Collections Branch

Enclosure

DO NOT SEND CASH

# COMMERCIAL TELEVISION STATIONS (continued)

TYPE OF APPLICATION	FORM #	FEE AMOUNT	FEE CODE	MAILING ADDRESS
PERMIT TO DELIVER PROGRAMS TO FOREIGN BROADCAST STATIONS <sup>5</sup>	308	\$ 55.00/application	MBT	Federal Communications Commission Mass Media Services P.O. Box 358190 Pittsburgh, PA 15251-5190
PETITION FOR REMAKING FOR NEW COMUNITY OF LICENSE <sup>6</sup>	301/302	1,565.00/petition	MRT	
OWNERSHIP REPORT <sup>7</sup>	323	35.00/station	MAT	

## COMMERCIAL AM RADIO STATIONS

TYPE OF APPLICATION	FORM #	FEE AMOUNT	FEE CODE	MAILING ADDRESS
NEW OR MAJOR CHANGE CONSTRUCTION PERMIT	301	\$2,255.00/application	MUR	Federal Communications Commission Mass Media Services P.O. Box 358190 Pittsburgh, PA 15251-5190
MINOR CHANGE	301	565.00/application	MPR	
NEW LICENSE <sup>8</sup>	302	370.00/application	MMR	
AM DIRECTIONAL ANTENNA <sup>9</sup>	302	425.00/application	MOR	
AM REMOTE CONTROL <sup>10</sup>	301-A, 301	35.00/application	MAR	
LICENSE RENEWAL	303-S	100.00/application	MGR	
LICENSE ASSIGNMENT	314 (long form) 316 (short form)	565.00/station license 80.00/station license	MPR MDR	Federal Communications Commission Mass Media Services P.O. Box 358350 Pittsburgh, PA 15251-5350
TRANSFER OF CONTROL	315 (long form) 316 (short form)	565.00/station license 80.00/station license	MPR MDR	
HEARING (New and major/minor change comparative construction permit hearings; comparative license renewal hearings)	N/A	6,760.00/application	MWR	Federal Communications Commission Mass Media Services P.O. Box 358170 Pittsburgh, PA 15251-5170
CALL SIGN <sup>11</sup>	N/A	55.00/application	MBR	Federal Communications Commission Mass Media Services P.O. Box 358165 Pittsburgh, PA 15251-5165
<b>X</b> SPECIAL TEMPORARY AUTHORIZATION <sup>3</sup>	N/A	100.00/application	MGR	<b>X</b> Federal Communications Commission Mass Media Services P.O. Box 358190 Pittsburgh, PA 15251-5190
EXTENSION OF TIME TO CONSTRUCT OR REPLACEMENT OF CONSTRUCTION PERMIT	307	200.00/application	MKR	Federal Communications Commission Mass Media Services P.O. Box 358190 Pittsburgh, PA 15251-5190
PERMIT TO DELIVER PROGRAMS TO FOREIGN BROADCAST STATIONS <sup>5</sup>	308	55.00/application	MBR	
OWNERSHIP REPORT <sup>7</sup>	323	35.00/station	MAR	Federal Communications Commission Mass Media Services P.O. Box 358180

100-44-4  
FEDERAL COMMUNICATIONS COMMISSION

WASHINGTON, D.C. 20554

IN REPLY REFER TO:

January 24, 1992

Concord Area Broadcasting  
Radio Station KWUN (AM)  
P.O. Box 6380  
Concord, California 94520

Ref.8910-MB. Relet Buerry 12/24/91. Authority and terms comtel 12/19/90 extended through 5/1/92. Understand construction of the sanitary sewer and storm drainage improvements have been installed across KWUN's property. Testing and final inspection of those facilities will not be completed until 1992.

James R. Burtle  
Chief, AM Branch  
Audio Services Division  
Mass Media Bureau

*May Bradfield*  
May Bradfield  
Comms. Analyst

EIC- San Francisco

FEDERAL COMMUNICATIONS COMMISSION  
**FEE PROCESSING FORM**

FOR  
FCC  
USE  
ONLY

FCC/MLL/01 JAN 16 1992

01-17-92 8190815 001

Please read instructions on back of this form before completing it. Section I MUST be completed. If you are applying for concurrent actions which require you to list more than one Fee Type Code, you must also complete Section II. This form must accompany all payments. Only one Fee Processing Form may be submitted per application or filing. Please type or print legibly. All required blocks must be completed or application/filing will be returned without action.

**SECTION I**

APPLICANT NAME (Last, first, middle initial)

Leukhuf Stephen R.

MAILING ADDRESS (Line 1) (Maximum 35 characters - refer to Instruction (2) on reverse of form)

5080 1st Road

MAILING ADDRESS (Line 2) (if required) (Maximum 35 characters)

CITY

Leukhuf Falls

STATE OR COUNTRY (if foreign address)

Ill.

ZIP CODE

71-305

CALL SIGN OR OTHER FCC IDENTIFIER (if applicable)

W-F-Ann

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in FCC Fee Filing Guides. Enter in Column (B) the Fee Multiple, if applicable. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number entered in Column (B), if any.

(A)

(B)

(C)

(1)

FEE TYPE CODE

MLG R

FEE MULTIPLE  
(if required)

1

FEE DUE FOR FEE TYPE  
CODE IN COLUMN (A)

\$ 100.00

FOR FCC USE ONLY

**SECTION II**

— To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

(A)

FEE TYPE CODE

(B)

FEE MULTIPLE  
(if required)

(C)

FEE DUE FOR FEE TYPE  
CODE IN COLUMN (A)

FOR FCC USE ONLY

(2)

\$

(3)

\$

(4)

\$

(5)

\$

ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (5), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.

TOTAL AMOUNT REMITTED  
WITH THIS APPLICATION  
OR FILING

\$ 100.00

FOR FCC USE ONLY

100.00

## INSTRUCTIONS FOR COMPLETING FEE PROCESSING FORM, FCC FORM 155, May 1990

- (1) **"Applicant Name"** - Enter the name (last, first, middle initial) of the applicant as it appears on the original application or filing being submitted with this Fee Processing Form. If company, enter name which is used commercially.
- (2) **"Mailing Address (Line 1)"** - Enter the street address or post office box number to which the applicant wishes correspondence sent.
- (3) **"Mailing Address (Line 2)"** - This line may be used for further identification of the address if additional space is required.
- (4) **"City"** - Enter the name of the city associated with the given street address.
- (5) **"State or Country"** - Enter the appropriate two-digit state abbreviation as prescribed by the U.S. Postal Service. If address is foreign, enter the appropriate country name here.
- (6) **"ZIP Code"** - Enter the appropriate five or nine-digit ZIP code prescribed by the U.S. Postal Service.
- (7) **"Call Sign or Other FCC Identifier"** - Enter an applicable call sign or unique FCC identifier, if any, as shown on your attached application or filing. If applying for a service affecting more than one call sign, enter one call sign only.
- (8) **Column (A), "Fee Type Code"** - Enter correct Fee Type Code(s) from the appropriate Fee Filing Guide. Only one Fee Processing Form may be submitted per application or filing. Inaccurate or erroneous Fee Type Codes may result in your application or filing being returned to you without further processing.
- (9) **Column (B), "Fee Multiple"** - Certain applications and filings may request action with respect to more than one station, license, frequency, or party and can be submitted together with one check if they meet specific conditions. This column is used only if a multiple, i.e., two or more, is being applied for. Examples of when this would be used are renewing more than one call sign, frequency, station, or the transfer of control of more than one station. Refer to the appropriate Fee Filing Guide for additional information.
- (10) **Column (C), "Fee Due For Fee Type Code In Column (A)"** - Enter in this block the amount of the fee associated with the Fee Type Code shown in Column (A) (times (x) the fee multiple, if required).
- (11) **"Total Amount Remitted With This Application or Filing"** - Enter the total of lines (1) through (5) of Column (C). This amount should equal the amount of your check or money order. We will not accept multiple checks.

### HOW TO SUBMIT APPLICATIONS AND FILINGS

- o Each application or filing should be assembled with the Fee Processing Form stapled to the top of the application with the check placed on top of the Fee Processing Form. DO NOT STAPLE THE CHECK TO THE APPLICATION OR FEE PROCESSING FORM. Required copies of applications should be clearly identified as "duplicate copy" and placed behind the original package. A copy of an application or filing submitted for receipt purposes only should be placed at the bottom of the submission. Extraneous material and extra copies should be avoided at all times. Failure to abide by these instructions will delay the processing of your submission.
- o Completed applications or filings should be mailed to the proper address shown in the Fee Filing Guide for the particular service for which you are applying or making a filing. Applications and filings which are properly addressed to the appropriate P.O. box number may also be hand delivered to the following address. Applications received before midnight on a normal business day will receive that day's date as the receipt date. Deliveries made after midnight on Fridays will not be "officially" receipted until the next Monday. Applications received on weekends and government holidays are dated the next regular business day.

Federal Communications Commission  
c/o Mellon Bank  
Three Mellon Bank Center  
525 William Penn Way  
27th Floor, Rm. 153-2713  
Pittsburgh, Pennsylvania  
(Attention: Wholesale Lockbox Shift Supervisor)

- o A single check, bank draft or money order made payable to the Federal Communications Commission and denominated in U.S. dollars and drawn upon a U.S. financial institution must be included with each application or filing requiring a fee. No postdated, altered or third-party checks will be accepted. Do not send cash.
- o Parties hand delivering applications or filings may receive dated receipt copies by presenting copies of the applications or filings to the acceptance clerk at the time of delivery. Receipts will be provided for mail-in applications or filings if an extra copy of the application or filing is provided along with a self-addressed stamped envelope. Only one piece of paper per application or filing will be stamped for receipt purposes.

### REMEMBER

- o A separate completed Fee Processing Form is required with each application or filing except in certain circumstances. Please refer to the appropriate Fee Filing Guide for additional information.
- o A wrong Fee Type Code or incorrect remittance may result in your application or filing being returned without processing, or result in the dismissal of your application or filing. Please ensure that FEE TYPE CODES are correct and that your check or money order equals the amount shown in the TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING block before submitting your application or filing.
- o If you have any questions completing this form, please call the Fees Hotline, 202/632-FEES.

### FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 1, Subpart G of the Commission's rules authorize the FCC to request the information on this form. The information requested is required in order to obtain a license or authorization from the Commission. The purpose of the information is to provide a means to link a fee payment to a specific invoice, application or filing. The information will be used by the Commission to maintain data concerning fees paid to the Commission, for internal financial control, audit, and reporting purposes. Information requested on this form will be available to the public. Your response is required to obtain a license or other authorization from the Commission.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Federal Communications Commission, Office of Managing Director, Washington, DC 20554, and to the Office of Management and Budget, Paperwork Reduction Project (3060-0440), Washington, DC 20503.



news**talk**  
1290 AM KLLF

December 19, 1991

Federal Communications Commission  
Mass Media Services  
P.O. Box 358190  
Pittsburg, Pennsylvania 15251-5190

RE: KLLF-AM  
Wichita Falls, Texas  
File # 8910-MB

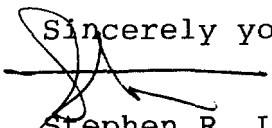
Dear Sirs:

This letter is to request a further extension of the Special Temporary Authority (8910-MB) for an additional period of three months for the above referenced radio station.

The mechanical components of the phasing system have now been restored, including the sampling lines and transmission lines. This extension is requested because the engineer assigned to this project took other employment out of this market. He left the project without completing relay circuitry which transfers the phasor from day to night pattern.

KLLF has retained a new engineer who will finalize this project and restore the facility to licensed parameters.

Sincerely yours,



Stephen R. Laukhuf  
General Manager  
KLLF Radio

FEDERAL COMMUNICATIONS COMMISSION  
WASHINGTON, D.C. 20554

MM 96-184  
239


IN REPLY REFER TO:

September 11, 1991

Concord Area Broadcasting  
Radio Station KWUN (AM)  
P.O. Box 6380  
Concord, California 94520

Ref. 8910-MB. Relet Buerry 8/28/91. Eff. 9/11/90. Authority and terms  
comtel 12/19/90 reinstated & extended through 12/31/91. You are cautioned to  
more closely observe the expiration dates of your temporary authorizations.

May Bradfield  
Comms. Analyst

  
James R. Burtle  
Chief, AM Branch  
Audio Services Division  
Mass Media Bureau

EIC- San Francisco

## Appendix B

FCC/MELLON SEP 03 1991

Approved by OMB  
3060-0440  
Expires 12/31/90

FEDERAL COMMUNICATIONS COMMISSION  
**FEE PROCESSING FORM**

FOR  
FCC  
USE  
ONLY

09-03-91 8190650 002

Please read instructions on back of this form before completing it. Section I MUST be completed. If you are applying for concurrent actions which require you to list more than one Fee Type Code, you must also complete Section II. This form must accompany all payments. Only one Fee Processing Form may be submitted per application or filing. Please type or print legibly. All required blocks must be completed or application/filing will be returned without action.

**SECTION I**

APPLICANT NAME (Last, first, middle initial)

CONCORD AREA BROADCASTING

MAILING ADDRESS (Line 1) (Maximum 35 characters - refer to instruction (2) on reverse of form)

P.O. BOX 6380

MAILING ADDRESS (Line 2) (if required) (Maximum 35 characters)

CITY

CONCORD

STATE OR COUNTRY (if foreign address)

CA

ZIP CODE

94520

CALL SIGN OR OTHER FCC IDENTIFIER (if applicable)

KWUN

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in FCC Fee Filing Guides. Enter in Column (B) the Fee Multiple, if applicable. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number entered in Column (B), if any.

(A) FEE TYPE CODE			(B) FEE MULTIPLE (if required)				(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)		FOR FCC USE ONLY
(1)	M	G	R					\$ 100.00	

**SECTION II**

— To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

(A) FEE TYPE CODE	(B) FEE MULTIPLE (if required)	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
(2)		\$	
(3)		\$	
(4)		\$	
(5)		\$	
ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (5), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.			TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING \$
			FOR FCC USE ONLY